



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Nokia Corporation Docket No.:

Harrington & Smith, LLP Docket No.: **884A.0098.U1(US)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Instant Messaging and Presence Services

the specification of which
(check one) _____ is attached hereto,

X was described and claimed in PCT International Appl. Serial No.
PCT/IB2002/005576 filed on 18 December 2002.

_____ and/or that was amended on .

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Mon/Year Filed)

___ Yes ___ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.)

(Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

NAMES

REGISTRATION NUMBERS

Gary H. Savitt	44,351
Wayne DeMello	48,601
Arjun Krishnan	55,347

and all Attorneys and/or Agents listed under **Customer Number: 29683** including:

Mark Harrington	31,686
Harry Smith	32,493
Christine W. Beninati	37,967

SEND CORRESPONDENCE TO:

Customer Number: **29683**.

DIRECT TELEPHONE CALLS TO:

Harrington & Smith, LLP
Telephone: (203) 925-9400
Facsimile: (203) 944-0245

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME Nielsen	FIRST NAME Peter	MIDDLE NAME Dam
RESIDENCE	STATE OR COUNTRY Denmark	CITIZENSHIP Denmark	
POST OFFICE ADDRESS	P.O. ADDRESS Holmelins Tvaervej 9, DK-2800	CITY & COUNTRY Kgs Lyngby, Denmark	

Inventor's
Signature Peter Dam Nielsen Date 29-Sep-2006

FULL NAME OF INVENTOR	LAST NAME Kraft	FIRST NAME Christian	MIDDLE NAME
RESIDENCE	STATE OR COUNTRY Denmark	CITIZENSHIP Denmark	
POST OFFICE ADDRESS	P.O. ADDRESS Mandholmen 4, DK-2650	CITY & COUNTRY Hvidovre, Denmark	

Inventor's
Signature _____ Date _____

FULL NAME OF INVENTOR	LAST NAME Juul-Pedersen	FIRST NAME Gregers	MIDDLE NAME
RESIDENCE	STATE OR COUNTRY Denmark	CITIZENSHIP Denmark	
POST OFFICE ADDRESS	P.O. ADDRESS Ole Surhs Gade 17, DK-1354	CITY & COUNTRY Copenhagen K, Denmark	

Inventor's
Signature _____ Date _____

FULL NAME OF INVENTOR	LAST NAME Jespersen	FIRST NAME Hans	MIDDLE NAME Jacob
RESIDENCE	STATE OR COUNTRY Denmark	CITIZENSHIP Denmark	
POST OFFICE ADDRESS	P.O. ADDRESS Allegade 29, 3TV, DK-2000	CITY & COUNTRY Frederiksberg, Denmark	

Inventor's
Signature _____ Date _____